

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 572 894

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
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15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
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26		2		1		
27		2		1		
28		2		1		
29	1		1			
30		1		1		
31		1		1		
32		3		1		
33		3		1		
34		3		1		
35		2		1		
36		2		1		
37		2		1		
38		2		1		
39		2		1		
40		2		1		
41		2		1		
42	1		1			
43		1		1		
44		2		1		
45		2		1		
46		2		1		
47		2		1		
48		2		1		
49		2		1		
50		2		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55	1		1			
56		1		1		
57		2		1		
58		2		1		
59		1		1		
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97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	55	←		←
TOTAL CLAIMS			59			